



A PRESENTATION TO ONCOLOGY FACULTY AND STAFF

AT UNIVERSITY HOSPITAL IN UMEÅ, SWEDEN
on MAY 17, 2019, 8.15-8.45 AM

in association with
Professor Ulf Karlsson's
M.D., Ph.D Promotion to
50 year Jubilee Medicine Doctor
on MAY 18, 2019 4-6 PM
in the Umeå Universitets Aula



DISCRIMINATION IN CANCER CARE



TOPICS TO COVER

IGRG update

**DISCRIMINATION IN
CANCER CARE**



IGRG MISSION

WORK FOR EQUALITY
ADVANCE RADIOOTHERAPY
INITIATE COLLABORATION
ORGANIZE PROTOCOLS
ESTABLISH EVIDENCE
PUBLISH
COLLABORATIVELY



IGRG HISTORY

**BIRTH
RECRUITMENT
PUBLICATIONS**



IGRG BIRTH

2010

PRESIDENT: NAM PHONG NGUYEN MD

CHAIR: ULF KARLSSON MD PhD

RESEARCH DIR.: VINCENT VINH-HUNG MD

MANAGER(SPAIN): MERITXELL ARENAS MD



GROWTH 2012-2019

GROUPS/COUNTRIES(WHO 183)

2012: 15/3

2017: 568/99

2018: >600/100

2019: >740+/107+



DISCRIMINATION VICTIMS

ELDERLY
WOMEN
NON-WHITES
MINORITIES



IGRG 2013

TWO NEW

DISCRIMINATION GROUPS

**POPULATIONS: MINORITIES AND
WOMEN Kwiatkowski et al: (Cancer
2013;119:2956-63); TRIAL**

**UNDER-REPRESENTATION,
REVIEW OF 304 ARTICLES**



International Geriatric
Radiotherapy Group

UK Umeå 5/17/19:

DISCRIMINATORS

- **AGE**
- **INEQUALITY**
- **SCREENING**
- RACE
- INSURANCE
- PHYSICIANS
- PHARMACEUTIC ORGANIZATIONS
- GRANT INSTITUTIONS
- GOVERNMENTS (ED/POV/VOT/LAW/PAY)+



LIFE SPAN AROUND EARTH (WHO 2015)

COUNTRY	RANK	AGE	COMMENT
MONACO	0	90	(NOT A COUNTRY?)
JAPAN	1	84	
<u>ICELAND</u>	6	83	(UP 1q 4 years 1830)
UK	20	81	
<u>VIETNAM</u>	56	76	
<u>CAMBODIA</u>	123	68	(KMER ROUGE)
INDIA	125	68	
<u>CAR</u>	182	52	(NO ELDERS?)



SEER (US) # 1975-2014

AGE RANGE ORDER RATE

>75 ~ 2350 <12 4X

65-74 ~ 1850 >9 3X

50-64 ~ 750 >3 1

20-49 ~ 200 1 ELDERLY UNDER-

REPRESENTED IN TRIALS, all #s in 1000s/100 000 ind.



INEQUALITY (SOURCE NCIN 2014 UK, DECADES LONG STUDY)

ONE DEPRIVED COMMUNITY'S SOCIAL CONDITION
(POVERTY, LESS EDUCATION, WORSE ENVIRONMENT,
CHRONIC DISEASES, LESS HEALTH CARE)

COMPARED TO A LIKE-SIZED, COMMUNITY (W/O SAME DEPRIVATION)

WITH HIGHER LIVING STANDARD AND EDUCATION, AS WELL AS
BETTER ENVIRONMENT, HEALTH CARE AND INSURANCE

RESULT: MORE CHRONIC DISEASES, MORE AND DIFFERENT CANCERS AND
SHORTER LIFESPAN IN THE DEPRIVED COMMUNITY:

IGRG SUGGESTED SOLUTION: INEQUALITY OF LIVING CONDITION IS
ASSOCIATED WITH SOCIAL DEPRIVATION AND NEEDS TO BE
COUNTERACTED BY THE ENTIRE SOCIETY.



SCREENING FOR CANCER

ONE QUARTER OF

THE ELDERLY US POPULATION UNSCREENED

MOVING CRITICAL TARGET: AGE RESTRICTION

WHAT CANCER? BREAST, LUNG, GI (COLORECTAL),
ESOPHAGUS, LIVER, PANCREAS, GYN (CERV.,
ENDOMET., VAG., VULV., OVAR.) PROSTATE.

SCREEN HOW? XR DX, CT, PET, BX, FNA, PSA, SURG,
ENZYM., GENETICS, BIOMARKERS, FAM. HX, RACE,
AGGRESSIVE RESEARCH



DISCRIMINATORS IN RADIOTHERAPY

FRAILTY

HEART FAILURE

FRAILTY DISCRIMINATION IS COMMON

WHO IS DISCRIMINATING: PHYSICIANS

WHY: NO STANDARD!

TREATMENT EFFECT: SURG/CTX/XRT/IMTX?

REASON?: MULTIPLE SYMPTOMS

CRITERIA: MULTIPLE SIGNS

PREVALENCE: ELDERLY? 1/6? WHO?

CONSENSUS: GERIATRIC EVALUATION

FACT: ~60% NEGATIVE PREDICTIVE VALUE

MORE RESEARCH IS IMPERATIVE



HEART FAILURE

**SURGEONS AND MEDICAL ONCOLOGISTS
SEEMS TO/OR MAY HAVE CONSENSUS ON
WHEN TO NOT TREAT**

IMMUNOTHERAPISTS “TOO NEW TO KNOW?”

**RADIATION ONCOLOGISTS “NOT SO FAST”
LOCO-REGIONAL THERAPY IS DIFFERENT:
LITERATURE SUPPORT BY ABSENCE**



- Thanks
- for
- your attention